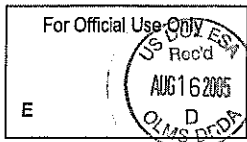


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U - <u>18139</u> | 2. Fiscal Year Covered From: <u>07</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> |
| 3. Name and address of person filing. Name <u>Linda A Martin</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>811 R. St. N.W. #304</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20001</u> | 4. Name, file number, and address of labor organization. Name <u>Unite Here Local 25</u> Labor Organization File Number <u>506434</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1003 K, St. N.W. 7th Floor</u> City <u>Washington DC</u> State <u>DC</u> ZIP Code + 4 <u>20001</u> |
| 5. Position in labor organization. <u>Business Agent / In 2004 Executive Board - Assistant to Third Vice-President</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u> | 7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u> |

Signature

| | | |
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| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u>Linda Martin</u> | On <u>8/5/05</u> Date | <u>202-276-9511</u> Telephone Number |

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| Name of Person Filing <u>Linda A. Martin</u> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> | 11.a. Nature of such dealing. <input type="text"/> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12.a. Nature of interest held or income received. <input type="text"/> 12.b. Amount. <input type="text"/> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Group Dental Service</u> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>111 Rockville Pike Suite 950</u> City <u>Rockville</u> State <u>md.</u> ZIP Code + 4 <u>20850</u> | 14.a. Nature of payment. <u>American Express Gift Card</u> <u>On or about December</u> <u>20, 2005</u> |
| 13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <u>\$50.00</u> |

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| Name of Person Filing <u>Linda A. Martin</u> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input type="text"/></p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Paul Strauss Esq.</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <u>601 Penn. Ave. NW. #400</u></p> <p>City <u>Washington</u></p> <p>State <u>DC.</u> ZIP Code + 4 <u>20004</u></p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px;"><p><i>Christmas Borket</i></p><p><i>On or about December 20, 2005</i></p></div> |
| <p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; padding: 10px;"><p><i>\$50.00</i></p></div> |

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| Name of Person Filing <u>Linda A. Martini</u> | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | 11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| | 11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/> |
| | 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| | 12.b. Amount. <input style="width: 100%;" type="text"/> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Regan & Associates</u> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <u>1003 K, St. NW. 3rd Floor</u> City <u>WASH DC.</u> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <u>20001</u> | 14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; height: 150px;"> <p style="font-size: 1.2em;">Headlits Gift Card</p> <p style="font-size: 1.2em;">On or about December 20, 2005</p> </div> |
| 13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 1.2em;">\$40.00</p> </div> |

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| Name of Person Filing <u>Linda A. Martin</u> | File Number U- |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| 8. Name and address of Business (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | 11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| | 11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/> |
| | 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| | 12.b. Amount. <input style="width: 100%;" type="text"/> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Associated Administrators</u> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <u>10624 York Rd.</u> City <u>Cockeysville</u> State <u>MD.</u> ZIP Code + 4 <u>21030</u> | 14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; height: 150px;"> <p style="font-size: 1.2em;">Small calendar, pocket size</p> <p style="font-size: 1.2em;">"2004"</p> <p style="font-size: 1.2em;">On or About December</p> <p style="font-size: 1.2em;">15, 2005</p> </div> |
| 13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 1.2em;">\$ 20.00</p> </div> |